

STATUS OF HEALTH INSURANCE.

The war has so changed conditions as to render it practically impossible for us to look to England for the information which we so much needed before being able to draw a definite conclusion as to the good or bad results from health insurance. Conditions in other European countries where health insurance is enforced are so different from those in the United States as to render deductions from their statistics unsatisfactory. We do know that the system is not working one hundred per cent. perfect in England, and that very little change can take place in it until those most concerned have more time to give to its study there.

Here at home, the war has forcibly brought to our notice evidence of a large amount of unrecognized disease. Much of this has gone unrecognized because of the inability of individuals to pay for medical service, and because of their ignorance in regard to clinics. The medical examinations which were necessitated by the draft have done much toward exposing otherwise ignored disease. As a result the State has done what it could to induce accepted individuals to apply to the proper sources for treatment.

The question naturally presents itself, as to why did we have to wait for our entrance into war to do all these things, and whether, when we are through with war, we will be content to return to the old order of things. Will we not demand some improvement in public health measures, a better control of patients with contagious and communicable diseases, more preventive work, more hospitals, better clinical facilities for general practitioners, more diagnostic clinics, more laboratories, etc.

We are by no means certain that health insurance will solve all the above problems. The Social Insurance Committee of the State Society is devoting some time to these matters and will no doubt before long publish a preliminary report. The Committee, however, needs all the assistance it can have. It welcomes expressions and opinions from all sources. Please do your bit.

CONCERNING CHRISTIAN SCIENCE.

In this issue, under the heading "Correspondence," appears certain matter which every doctor and every layman who is interested in public health, and in personal health matters, will find of important interest. These letters are self-explanatory and need no comment or addition. In connection with them we would call attention also to newspaper reports from Sacramento early in October, detailing the death of an eight-year-old boy from diphtheria while under treatment by Christian Science practitioners. According to these reports he was not allowed treatment by a licensed physician, quarantine rules were not observed, and the only treatment administered was by Christian Science practitioners.

If the facts are as detailed in the papers, this

case is apparently not amenable to prosecution under a strict interpretation of the Medical Practice Act of California. It raises the old question, which is constantly with us, as to whether Christian Science practitioners have a moral, or should have a legal right, to diagnose and treat disease in any form whatsoever, when as a result of such diagnosis and treatment a non-responsible individual may be subjected to danger of unnecessary suffering or death, and the contiguous public may be subjected to unnecessary danger of contagion.

A very candid and lucid answer to Mr. Ross's letter, referred to above, shows plainly the non-religious character of Christian Science therapeutics. Religious, or non-religious, we can see no logical reason for the two extreme dangers just noted—in the first place, to the non-responsible individual, and in the second place, to the contiguous public—from the practical workings of Christian Science therapeutics.

THE RECENT ORAL EXAMINATION OF OSTEOPATHS.

As noted in the JOURNAL of last month, there was held in October an oral examination of osteopaths in Los Angeles, under the provisions of the Medical Practice Act allowing osteopaths to qualify for a physician's and surgeon's license, provided they met certain preliminary qualifications and passed a practical, clinical or oral examination. A request was made by the editor for a stenographic report of the examination questions asked. So far no reply has been received to this request, but we are informed that no stenographic record was made of said questions. A later request to the Board for details of this examination, in order that they might be included in this issue of the JOURNAL, has brought no reply at the date of going to press.

At this examination two osteopath members of the Board were examined and passed. As stated above, details of the examination are not at hand. These details will undoubtedly show that the examination was of a high character and fully sufficient to establish the professional proficiency of the candidates. An examination of such character, of course, would be particularly acceptable in the case of members of the State Board of Medical Examiners itself.

The medical profession of the State is of necessity extremely concerned with the conduct of these oral examinations. So far as the Board of Medical Examiners shows itself worthy of co-operation and support from the medical profession, just to that extent will co-operation and support be extended to it. We would suggest most earnestly that with the recent reorganization of the Board of Medical Examiners a high and consistent policy of oral examinations be established and maintained.

Details of this first examination will be published as soon as available.